Filing

required)

					Attorney Docket Number	r   5157	•
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION					First Named Inventor	KENNETH CARTER	
					COMPLETE IF KNOWN		
(37 CFR 1.63)					Application Number		
_	Declaration Submitted with Initial Filing	OR	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))	Filing Date			
				Group Art Unit			
				Examiner Name		******	

**Examiner Name** 

As a below named inventor, I heraby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is fisted below) or an original, first and joint inventor (if plural									
maller which is claimed and for w	ich a patent is sought	on the invention entitled:							
EXERCISE MACHINE FOR EXERCISING UPPER BODY PORTIONS									
the specification of which (Title of the Invention)									
	as United States Appli	cation Number or PCT international							
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
hereby state that I have reviewed and understand the contents of the above identified exercising including the deline.									
amended by any amendment specifically referred to above.									
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Foreign Filing	Date Priority	Certified Copy Attached?							
(MMYDDYTT	11) NOL Claimer	YES NO							
	_								
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.  Application Number(s) Filling Date (MM/DD/YYYY)									
S.C. 119(e) of any United States pr	visional application(s)	listed below.							
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	d citizonship are as stated below no le inventor (if only one name is fiste a malter which is claimed and for which is claimed and for which is claimed and for which is partially one of the invention)  and was amended on (Mal understand the contents of the above, inventor which is material to patental under 35 U.S.C. 119(a)-(d) or 365 ational application which designate atified below, by checking the box, it is a filling date before that of the sundry (MM/DD/YY)	d citizenship are as stated below next to my name.  In inventor (if only one name is fisted below) or an original, a matter which is claimed and for which a patent is sought.  It matter which is claimed and for which a patent is sought.  IN EFOR EXERCISING UPPER BODY POR'  (Title of the Invention)  as United States Applied  and was amended on (MM/DD/YYYY)  It understand the contents of the above identified specificate in the patent of the above identified appoint on the patent of the application on which designated at least one country aritified below, by checking the box, any foreign application aring a filling date before that of the application on which patent of the application of the application on which patent of the application on which patent of the application							

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PTO/SB/01 (10-80)

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## **DECLARATION** — Utility or Design Patent Application

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NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on has been fil	ed for this unsigned inven	tor		
Given Name (first and middle [if any]) KENNETI			Family Name or Surname CARTER		R				
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NAME OF SECOND INVENTOR:   A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])	Family Name or Surname								
Inventor's Bignature		†		·····		Date			
Residence: City		State		Country	Citizenehip				
Maling Address				-					
Mailing Address									
City	State	***		ZIP		Country	-		
Additional inventors are being named	supplemet	upplemental Additional Inventor(s) sheet(s) PTO/S8/02A							